

CITY OF **MAPLE GROVE**

Application

12800 Arbor Lakes Parkway, PO Box 1180, Maple Grove, MN 55311-6180 Phone 763-494-6090 Fax 763-494-6423

Outdoor Display of Fireworks/Pyrotechnic Special Effects

Sponsoring Organization (Must be a public or private organization)	Name of Contact	Phone_	
	<u> </u>		
Display Location and Dates			
	~	AT THIS DISPLAY BE CONI RATOR CERTIFIED BY THI	

Certified Operator	Name Certificate Number & Exp Date	
Pyrotechnic Company	Company Name	
Required attachments	 -Proof of adequate insurance coverage naming the City of Maple Grove as an additional insured on the contractor's insurance coverage for a minimum of \$1,500,000. -Diagram/Site Plan of the grounds at which the display will be held. This diagram (drawn to scale or with dimensions included) must show the discharge area, fallout area, the location of all buildings, highways, streets, overhead obstructions and the lines behind which the audience/crowd will be restrained. -For proximate audience (e.g. indoor) displays, a permit must also be obtained from the Minnesota State Fire Marshal's office. -Names, ages, of all assistants that will be participating in the display. -Type and number of fireworks/pyrotechnic special effects to be discharged. List shall be itemized and specific. -Written report or diagram of how fireworks will be set up including installation of mortars. 	
Storage of Fireworks	FIREWORKS/PYROTECHNIC SPECIAL EFFECTS SHALL BE BROUGHT TO THE SITE ON THE DAY OF THE EVENT AND WILL NOT BE STORED IN THE CITY AT ANY TIME OR OVERNIGHT. -Provide a written report of how fireworks will be transported to the site, when they will arrive, and how they will be stored on site and who will be attending them prior to the display.	

ADDITIONAL INSTRUCTIONS:

- 1. This application must be completed and returned at least 15 days prior to date of display.
- 2. Fee is due upon issuance of permit and must be made payable to the City of Maple Grove.
- 3. The Fire Department may have a minimum of one fire apparatus on hand for the display for emergency protection.
- 4. Coordinate your activities with the Fire Department personnel that will be on site.

I hereby acknowledge that I have read this application and state that the information is correct and agree to comply with the MN State Statute, City of Maple Grove ordinances, MN State Fire Code, NFPA 1123 and other applicable codes regarding the use of fireworks/pyrotechnic special effects. I understand that this is not a permit but only an application for a permit and work is not to proceed or begin before the actual permit is issued.

I further understand and agree that in the event of the issuance of a permit, I will defend, indemnify and hold the City of Maple Grove harmless, including all claims for attorneys fees and defense costs, from any and all claims of whatever kind of nature that may occur as the result of my actions of inactions within the City of Maple Grove.

Signature of Applicant	Date			
DO NOT WRITE BELOW THIS LINE				
Conditions of Issuance Permit Approved By	Date Approved			

Please call the Maple Grove Fire Department at least 48 hours prior to the time you would like an inspection.



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763-494-6090

<u>Fire – Rescue Department</u>

FIRE DEPARTMENT 763-494-6300

FIRE INSPECTIONS 763-494-6090

<u>Use this sheet for credit card information only.</u> This will be destroyed after the permit has been processed.

Under Minnesota law the information provided on this application is considered public and is available to anyone, except for the following:

The information regarding your credit card is private and will be provided only to yourself and to those people who need to know it in order to process your payment. This includes city employees who process your payment and employees of applicable financial institutions. You are not required to provide your credit card information if you want to pay by another method. However, if you choose to pay by credit card you must provide your credit card information to pay the appropriate fee. Otherwise, your application will not be processed.

To Pay by Credit Card	Name as it appears on credit card:			
	Type of credit card: O VISA O MASTERCARD O AMERICAN EXPRESS O DISCOVER			
VISA,	Expiration Date:/ 3 Digit code on back of card:			
DISCOVER, AMERICAN EXPRESS OR MASTERCARD	Account Number:			
	Signature: Date:			